

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000024485**

1. Entity Name

N.A.F. ENTERPRISES, INC.**FILED**
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90007 024 ***150.00

0508477

Principal Place of Business

**799-H HILL DRIVE
WEST PALM BEACH FL 33415**

Mailing Address

**PO BOX 15847
W PAM BEACH FL 33416-5847****00073627**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0653559**Applied For
Not Applicable5. Certificate of Status Desired. ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENWATER, BRUCE S
1601 FORUM PLACE
SUITE 1200
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
FRANCIS, NOEL A
1601 FORUM PLACE SUITE 1200
WEST PALM BEACH FL 33401** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
FRANCIS, MONIQUE C
799-H HILL DRIVE
WEST PALM BEACH FL 33415** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOEL FRANCIS

Date

04/11/01

Daytime Phone #

(561) 689-9414

CR2E034 (10/00)

Attachment
Doc# P96000024485
C6073627

N.A.F. Enterprises, Inc
P.O. Box 15847
West Palm Beach, FL 33415
Phone: (561) 689-9416
E-Mail: noel-f@usa.net

July 11, 2001

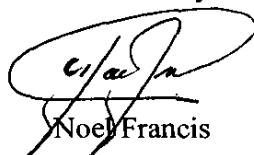
Department of State
Uniform Business Report Filings
Tallahassee, FL 32302-1500

RE: Document # P96000024485

Please find enclosed document filed with our check. This documentation was mailed in a timely manner and was returned by the post office.

We are resubmitting them as advised by your office in a recent telephone conversation.

Thanks for your assistance as usual


Noel Francis